

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 11, 2001 8:00 am**  
**Secretary of State**

05-11-2001 90082 007 \*\*\*\*61.25

**DOCUMENT # N99000000840**

1. Entity Name

**AMERICAN ASSOCIATION FOR MEDICAL EDUCATION (AAME)**

Principal Place of Business

Mailing Address

5205 GREENWOOD AVE.  
 SUITE 200  
 WEST PALM BEACH FL 33401

5205 GREENWOOD AVE.  
 SUITE 200  
 WEST PALM BEACH FL 33401

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0848900

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PAINE, JEFFREY  
 500 SOUTH AUSTRALIAN AVE.  
 STE. 120  
 WEST PALM BEACH FL 33401

Name

*Richard T. Davis*

Street Address (P.O. Box Number is Not Acceptable)

*ONE Clearlake Centre, Suite 1601*

*250 Australian Avenue South*

City

*West Palm Beach*

FL

Zip Code

*33401*

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

*Richard T. Davis*

*4/25/01*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEES IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME ☐ Delete  
 D SADOWSKY, CARL MD  
 STREET ADDRESS 5205 GREENWOOD AVE. SUITE 200  
 CITY-ST-ZIP WEST PALM BEACH FL 33401

TITLE NAME ☐ Change ☐ Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☐ Delete  
 D WINNER, PAUL DO  
 STREET ADDRESS 5205 GREENWOOD AVE. SUITE 200  
 CITY-ST-ZIP WEST PALM BEACH FL 33401

TITLE NAME ☐ Change ☐ Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☐ Delete  
 D MARTINEZ, WALTER DR.  
 STREET ADDRESS 5205 GREENWOOD AVE. SUITE 200  
 CITY-ST-ZIP WEST PALM BEACH FL 33401

TITLE NAME ☐ Change ☐ Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

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TITLE NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*SIGNATURE REQUIRED PAUL WINNER, DO, 4/23/01 (561)845-0500*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)